

(c) Any other sources?

Yes ☐No ☒

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

4. How much money do you own or have in any checking or saving accounts, including your prison or jail account? \$ NONE

5. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household items and clothing)? Yes ☐ No ☒

If the answer is "yes," describe the property and state its approximate value:

6. List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute toward their support.

NONE

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Dated: 5-12-2008

Jeffery J. Jackson
SIGNATURE OF PETITIONER

★★★ IMPORTANT NOTICE ★★★

Your application to proceed *in forma pauperis* is NOT COMPLETE and WILL NOT BE CONSIDERED by the Court unless the page entitled "INFORMATION REGARDING PRISONER ACCOUNTS" is properly completed and certified.

State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev. 10/05	<h2 style="margin:0;">AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER</h2>	Case Number <div style="text-align: right; font-weight: bold; font-size: 1.2em;">05-01138-CV-FN</div>
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IN THE UNITED STATES DISTRICT COURT OF NORTHERN DISTRICT OF ALABAMA
 (Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: JEFFERY J. JACKSON v. ELEANOR I. BROOKS
 Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: 42 U.S.C. 1983 CHARGE(S) (if applicable): _____

☒ **CIVIL CASE - I**, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.

☐ **CIVIL CASE -** (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.

☐ **CRIMINAL CASE -** I am financially unable to hire an attorney and request that the Court appoint one for me.

☐ **DELINQUENCY/NEED OF SUPER** child/me

SECTION I AFFIDAVIT

1. IDENTIFICATION

Full Name JEFFERY J. JACKSON Date of Birth 5/12/1958

Spouse's Full Name (if married) _____

Complete Home Address ST. CLAIR CORR. FACILITY, 1000 ST. CLAIR RD
SPRINGVILLE, AL. 35146

Number of People Living in Household _____

Home Telephone No. _____

Occupation/Job _____ Length of Employment _____

Driver's License Number _____ *Social Security Number _____

Employer _____ Employer's Telephone No. _____

Employer's Address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income

Monthly Gross Income	\$ <u>0</u>
Spouse's Monthly Gross Income (unless marital offense)	\$ <u>0</u>
Other Earnings: Commissions, Bonuses, Interest Income, etc.	\$ <u>0</u>
Contributions from Other People Living in Household	\$ <u>0</u>
Unemployment/Workmen's Compensation,	\$ <u>0</u>
Social Security, Retirement, etc.	\$ <u>0</u>
Other Income (be specific)	\$ <u>0</u>
TOTAL MONTHLY GROSS INCOME	\$ <u>0</u>

Monthly Expenses:

A. Living Expenses	\$ <u>0</u>
Rent/Mortgage	\$ <u>0</u>
Total Utilities: Gas, Electricity, Water, etc.	\$ <u>0</u>
Food	\$ <u>0</u>
Clothing	\$ <u>0</u>
Health Care/Medical	\$ <u>0</u>
Insurance	\$ <u>0</u>
Car Payment(s)/Transportation Expenses	\$ <u>0</u>
Loan Payment(s)	\$ <u>0</u>

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Form C-10 Page 2 of 2	Rev. 10/04	AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER	Case Number <u>05-01138-CV-F-N</u>
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Monthly Expenses: (Cont'd from page 1)

Credit Card Payment(s)	\$	<u>0</u>	
Educational/Employment Expenses	\$	<u>0</u>	
Other Expenses (be Specific)	\$	<u>0</u>	
Sub-Total			A \$ <u>0</u>

B. Child Support Payment(s)/Alimony

	\$	<u>0</u>	
Sub-Total			B \$ <u>0</u>

C. Exceptional Expenses

	\$	<u>0</u>	
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TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only) \$ 0

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME \$ 0

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ 0

Equity in Real Estate (value of property less what you owe) \$ 0

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) \$ 0

Other (be specific) Do you own anything else of value? ☐ Yes ☐ No

(land, house boat, TV, stereo, jewelry) \$ 0

If so describe _____

TOTAL LIQUID ASSETS \$ 0

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representatives to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

12 day of MAY, 2008

[Signature]

Judge/Clerk/Notary

Jeffery J. Jackson

Affiant's Signature

JEFFERY J. JACKSON

Print or Type Name

SECTION II. ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.

☐ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

☐ Affiant is indigent and request is Granted.

☐ The prepayment of docket fees is waived.

It is FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant. It is FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and cost of court.

Done this _____ day of _____, 20____.

Judge

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
ST. CLAIR CORR FACILITY

AIS #: 128248

NAME: JACKSON, JEFFERY

AS OF: 05/08/2008

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
MAY	23	\$0.94	\$0.00
JUN	30	\$0.94	\$0.00
JUL	31	\$0.94	\$0.00
AUG	31	\$0.94	\$0.00
SEP	30	\$0.94	\$0.00
OCT	31	\$0.94	\$0.00
NOV	30	\$0.94	\$0.00
DEC	31	\$7.39	\$40.00
JAN	31	\$10.29	\$0.00
FEB	28	\$0.83	\$0.00
MAR	31	\$0.83	\$0.00
APR	30	\$0.83	\$0.00
MAY	8	\$0.83	\$0.00

INFORMATION REGARDING PRISONER ACCOUNTS

A prisoner seeking to proceed *in forma pauperis* must submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information must be certified by prison or jail personnel and must include both the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for six full months must be provided.

CERTIFICATION

I hereby certify that prisoner Jeffery Jackson has been incarcerated in this institution since 3/20/07 [month/day/year], and that he has the sum of \$.83¢ in his prison or jail trust account on this the 8th day of May, 2008. I further certify that the information provided below is true and correct.

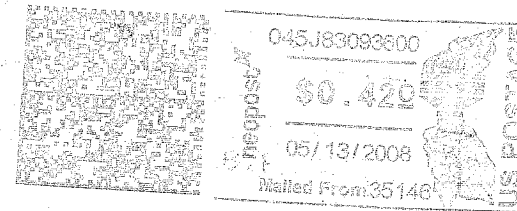
	<u>Month/Year</u>	<u>Total Deposits Received</u>	<u>Average Account Balance</u>
Month 1	<u>1/07</u>	\$ <u>0</u>	\$ <u>.94¢</u>
Month 2	<u>12/07</u>	\$ <u>40.00</u>	\$ <u>7.39</u>
Month 3	<u>1/08</u>	\$ <u>0</u>	\$ <u>10.29</u>
Month 4	<u>2/08</u>	\$ <u>0</u>	\$ <u>.83¢</u>
Month 5	<u>3/08</u>	\$ <u>0</u>	\$ <u>.83¢</u>
Month 6	<u>4/08</u>	\$ <u>0</u>	\$ <u>.83¢</u>
Current month (if less than full month)	<u>5/08</u>	\$ <u>0</u>	\$ <u>.83¢</u>

[Signature]
Signature of Authorized Officer of Institution

St. Clair C.F.
Name of Institution

JEFFERY J. JACKSON - #
ST. CLAIR CORR. FACILITY
ST. CLAIR RD
SPRINGVILLE, AL. 35146

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FOR LEGAL PURPOSES ONLY 0150711 B007

OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
P.O. BOX 711
MONTGOMERY, ALA. 36101-0711

